



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

February 15, 2013

Mary Ann Nielsen, Owner
Heritage Homes of Rexburg
6434 West 2000 South
Rexburg, ID 83440

License #: RC-1030

Dear Ms. Dummar:

On December 13, 2012, a Initial Licensure survey was conducted at Heritage Homes Of Rexburg. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Maureen McCann, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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December 17, 2012

Elizabeth Dummar, Administrator
Heritage Homes Of Rexburg
6434 West 2000 South
Rexburg, ID 83440

Dear Ms. Dummar:

A Initial Licensure was conducted at Heritage Homes Of Rexburg between 12/12/2012 and 12/13/2012. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities (RALF) in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference, on **12/13/2012**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

Please continue to monitor the facility's compliance with the Rules for Residential Care or Assisted Living Facilities, and pay special attention to the issues identified on the punch list. If the facility fails to submit acceptable evidence of resolution, or if the non-core issue deficiencies are identified on subsequent surveys, the Department will initiate enforcement actions per **IDAPA 16.03.22.910.01-03**, which could include:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to Licensing & Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

Maureen McCann, RN
Team Coordinator
Health Facility Surveyor
Residential Assisted Living Facility Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2012
NAME OF PROVIDER OR SUPPLIER HERITAGE HOMES OF REXBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 3685 WEST HIGHWAY 33 REXBURG, ID 83440		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the Initial Survey conducted on 12/12/2012 through 12/13/2012 at your facility. The surveyors conducting the survey were:</p> <p>Maureen McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, BSN, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



Facility Name Heritage Homes of Rexburg	Physical Address 3685 West Highway 33	Phone Number 208-356-7668
Administrator Elizabeth Dummar	City Rexburg	Zip Code 83440
Team Leader Maureen McCann	Survey Type Initial Licensure	Survey Date 12/13/12

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.04	3 of 5 employees, whose records were reviewed, had not submitted their fingerprints to the Criminal History Unit within 21 days.	2/7/13 <i>MCC</i>	
2	009.06.c	2 of 5 employees, whose records were reviewed, had not completed an Idaho State police background check.	2/7/13 <i>MCC</i>	
3	220.02	The facility's admission agreement was not transparent or understandable, such as some pages were duplicated, some pages were missing, and the information contained in the agreements were conflicting.	2/14/13 <i>MCC</i>	
4	225	The facility did develop a behavior management plan or interventions for Resident #2 who had behaviors such yelling and throwing objects	2/14/13 <i>MCC</i>	
5	305.02	The facility nurse did not clarify Resident #3's oxygen order.	2/7/13 <i>MCC</i>	
5	305.03	The facility nurse did not stage Resident #1's pressure ulcers to determine if she appropriate for admission.	2/7/13 <i>MCC</i>	
7	305.06	A random resident was not assessed to be able to safely self-inject her insulin.	2/7/13 <i>MCC</i>	
8	305.08	The facility nurse did not provide education to the staff regarding Resident #1's pressure ulcer, such as interventions on how to promote healing or prevent further breakdown.	2/7/13 <i>MCC</i>	
9	310.04.d	The facility did not monitor Resident #2 for side effects from his psychotropic medication.	2/7/13 <i>MCC</i>	
10	320.01	Resident #2's NSA did not fully describe the resident's needs, such as bowel, bladder and behavioral issues.	2/7/13 <i>MCC</i>	
11	310.01.d	Non-licensed staff were dialing a resident's insulin pen.	2/7/13 <i>MCC</i>	
12	250.13.1	A resident did not have doors on her closet.	2/7/13 <i>MCC</i>	
Response Required Date 01/12/13	Signature of Facility Representative <i>Mary Ann Ruff</i>		Date Signed 12/13/12	



Facility Name Heritage Homes of Rexburg	Physical Address 3685 West Highway 33	Phone Number 208-356-7668
Administrator Elizabeth Dummar	City Rexburg	Zip Code 83440
Team Leader Maureen McCann	Survey Type Initial Licensure	Survey Date 12/13/12

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
13	630.01	5 of 5 staff, whose records were reviewed, did not have documentation of dementia training.	2/8/13 <i>mmc</i>	
14	710.04	The facility did not obtain a history and physical examination for Resident #1 prior to her admission.	COS-12/12/12	
15	710.06	The facility did not obtain a social history for Resident #1.	2/8/13 <i>mmc</i>	
16	711.07	Resident #3's record did not contain a care plan from hospice.	2/8/13 <i>mmc</i>	
17	711.08.e	Facility staff did not notify the facility RN when Resident #2 had blood in his mouth and complained of oral pain.	2/8/13 <i>mmc</i>	
18	730.01.f	One employee's record did not contain evidence of CPR, First Aid, or medication certification.	2/8/13 <i>mmc</i>	
19	730.01.h	One employee's record did not contain evidence of delegation from the facility RN.	2/8/13 <i>mmc</i>	
20	740.02	The facility did not maintain the "as served" menus for 3 months.	2/8/13 <i>mmc</i>	

Response Required Date 01/12/13	Signature of Facility Representative <i>Mary Anna Ruiz</i>	Date Signed 12/13/12
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: _____	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/12
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NAME OF FACILITY Heritage Homes of Kambing	STREET ADDRESS, CITY, STATE, ZIP CODE 3085 W. Highway 33 Kambing ID 83440
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
12/12/12 0840	Black mold was observed on the ceiling in a residents room (closet).		Called mold specialist III. Came to the site and assessed the area. Assessed the risk to the resident to be minimal as long as the closet doors are kept shut. The facility will then follow his guidelines during and after cleanup.	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mans...</i>	TITLE Owner	(X6) DATE 12/12/12
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IDAHO DEPARTMENT OF

HEALTH & WELFARE Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
 3232 W. Elder Street, Boise, Idaho 83705
 208-334-6626

Critical Violations

Noncritical Violations

Establishment Name: <u>Heritage Assisted Living</u>		Operator: <u>Elmer, Lisa - DUMMICK</u>	
Address: <u>3085 W. Highway 33</u>		City: <u>RAVENA 83440</u>	
County:	Estab #:	EHS/SUR #:	Travel time:
Inspection Type:		Risk Category: <u>high</u>	Follow-Up Report: OR On-Site Follow-Up:
Date:		Date:	Date:

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

# of Risk Factor Violations: <u>2</u>	# of Retail Practice Violations: <u>0</u>
# of Repeat Violations: <u>0</u>	# of Repeat Violations: <u>0</u>
Score: <u>2</u>	Score: <u>0</u>
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection	A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection.

	Demonstration of Knowledge (2-102)	COS	R
(Y) N	1. Certification by Accredited Program, or Approved Course, or correct responses, or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health (2-201)			
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices			
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination			
(Y) N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination			
(Y) N (N/A)	11. Food segregated, separated and protected (3-302)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Y) N	13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
(Y) N (N/O) N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
(Y) N (N/A)	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
(Y) N (N/O) N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
Chemical			
(Y) N (N/A)	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures			
(Y) N (N/A)	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance
 N/O = not observed
 COS = Corrected on-site
 N = no, not in compliance
 N/A = not applicable
 R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Raw Chicken</u>	<u>42.5</u>						
<u>Chicken block</u>	<u>41</u>						

GOOD RETAIL PRACTICES (X = not in compliance)

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<input type="checkbox"/>	42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 29. Insect/rodent/animals	<input type="checkbox"/>	44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Other	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature): <u>Mary Ann Nielsen</u> (Print)	Title: <u>OWNER</u>	Date: <u>12/13/12</u>
Inspector (Signature): <u>[Signature]</u> (Print)	Date: <u>12/12/12</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>



Food Protection Program, Office of Epidemiology
450 West State Street, Boise, Idaho 83702
208-334-5938

Page 2 of 2
Date 12/13/12

Establishment Name Kirk's Home of Ribs		Operator Elizabeth Dummer	
Address 3685 W. Highway 33		City/State/Zip Rexburg ID 83440	
County Madison	Estab #	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

11. An open package of raw-ground beef was stored in a plastic container with open packages of lunch meat.
 POS:
 The facility owner separated the ground beef and lunch meat into different containers.

12. The facility was not using an approved work surface sanitizing solution.
 POS:
 The facility owner repaired a spray bottle of bleach solution.

Person in Charge Marylene [Signature]	Date 12/13/12	Inspector [Signature]	Date 12/13/12
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